MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/587052 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52				1		
3		1						53				1		
4		2						54				1		
5		3						55						
6		4						56						
7		5						57						
8		6						58			1			
9		7						59				1		
10		8						60				1		
11		9						61			1			
12		0						62				1		
13		1						63						
14		1						64						
15								65						
16		1						66			1			
17								67						
18								68						
19								69						
20								70						
21								71						
22								72						
23								73						
24								74						
25								75						
26	1							76						
27								77						
28		1						78						
29		1						79						
30		1						80						
31		1						81						
32		1						82						
33		1						83						
34		1						84						
35		1						85						
36		1						86						
37		1						87						
38		0						88						
39		0						89						
40	1							90						
41	1							91						
42		1						92						
43		1						93						
44		1						94						
45	1							95						
46								96						
47			1					97						
48								98						
49			1					99						
50			1					100						
TOTAL IND.	⬇		⬇		⬇			TOTAL IND.	⬇	4	⬇		⬇	
TOTAL DEP.	⬅		⬅		⬅			TOTAL DEP.	⬅	14	⬅		⬅	
TOTAL CLAIMS								TOTAL CLAIMS		18				

PTO-1360 (REV. 11/04)

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